

ENTER ALL DATA IN THIS ORDER:  
FAMILY COUP  
NAMES: WATSON, John Henry  
PLACES: Sharon, Wndsr, Yrmn  
To indicate that a child is an ancestor of the family representative, place an "X" behind the number pertaining to that child.

HUSBAND

FORMAN, John

Born abt 1807 Place of Calton, Glasgow, Lnrk, Sctl

Chr. 22 Jan 1832 Place

Marr. 22 Jan 1832 Place

Died Place

Bur. Place

HUSBAND'S FATHER FORMAN, William

HUSBAND'S MOTHER GILCHRIST, Rachel

HUSBAND'S OTHER WIVES

WIFE MAJOR, Margaret

Born abt 1811 Place Glasgow, Ayr, Sctl

Chr. Place

Died Place

Bur. Place

WIFE'S FATHER MAJOR, Alexander

WIFE'S MOTHER MARTIN, Mary Ann

WIFE'S OTHER HUSBANDS (2)

CHILDREN

List Each Child (Whether Living or Dead) in Order of Birth

WHEN BORN

DAY MONTH YEAR

WHERE BORN

TOWN

COUNTY

STATE OR COUNTRY

DATE OF FIRST MARRIAGE

WHEN DIED

DAY MONTH YEAR

TO WHOM

FORMAN, William

17 Nov 1834

Glasgow

Lnrk

Scotl

10 Oct 1850 3 Feb 1910  
(1) CAMPBELL, Catherine

FORMAN, Rachel

4 Aug 1837

"

"

"

SOURCES OF INFORMATION

From Finished Sec. Archives S.L.Gen Lib sh submitted by Mrs. Sarah J. Luke who gave following source ref:  
Glasgow par reg. Corres Miss Horner. Fam rec of William Forman.  
Fam rec of Neph Forman in poss of Grant Forman, Moreland, Ida.  
Rec of Glasgow Branch F 1456 Pt 4.

OTHER MARRIAGES

#1, William md (2) 10 Oct 1867 MONTGOMERY, Mary

NECESSARY EXPLANATIONS

FORMAN, Wm. bapt by Wm. Bell, conf. by Robt. Campbell in 1852. Rec of Glasgow Br. F1456 Pt 4 page 405  
Wm. Forman imm to Zion 25 Feb 1854  
F 1456 pt 4 "Rec of Gl" "1854" 185

Husband

FORMAN, John

abt 1807

Wife

MAJOR, Margaret

Ward

1.

Examiners: 2.

Blackfoot

Mission

NAME & ADDRESS OF PERSON SUBMITTING RECORD

N. Grant Forman

PO Box 163

Moreland, Idaho 83256

FAMILY REPRESENTATIVE

FORMAN, Neshi Grant

RELATION OF F.R. TO HUSBAND

RELATION OF F.R. TO WIFE

gg son

gg son

TEMPLE ORDINANCE DATA

BAPTIZED (DATE)

ENDOWED (DATE)

SEALED (Date & Temple)

HUSBAND

2 Sep 1948

19 Jan 1950

31 Oct 1

WIFE

2 Sep 1948

25 Oct 1948

SEALED (Date & Temple)

CHILDREN TO PARENTS


1996  
INTER SYMPOSIUM

Complete and return to HCA St. Mark's  
or RSVP to (801) 268-7580.

REGISTRATION FORM

NAME \_\_\_\_\_  
SS \_\_\_\_\_  
ZIP \_\_\_\_\_

Check appropriate boxes)  
Youself \_\_\_\_\_ Spouse \_\_\_\_\_  
ng \_\_\_\_\_  
ing Symposium \_\_\_\_\_  
ing \_\_\_\_\_



RADIOLOGY CENTER  
A ST. MARK'S HOSPITAL

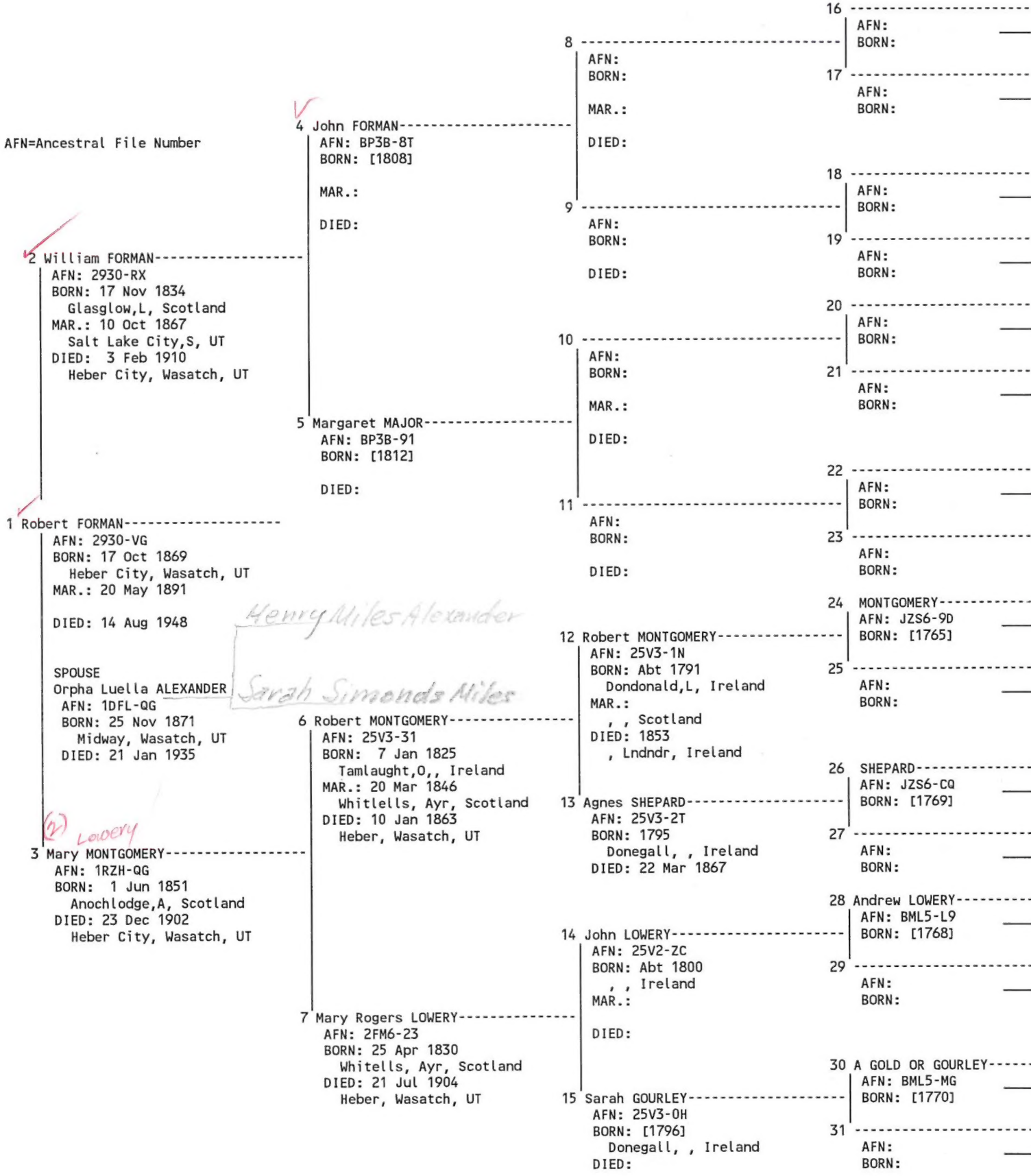
Ancestral File (TM) - ver H410

PEDIGREE CHART

21 OCT 1992

Chart 1

No. 1 on this chart is the same as no. \_\_\_\_\_ on chart no. \_\_\_\_\_



HCA St. Mark's Hospital  
1200 East 3900 South

POSTAGE WILL BE PAID BY ADDRESSEE

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